

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/01/2018 20:48
Date Of Accident	29/12/2017 19:50
Exact Location Of Accident	AT ALONG HOUGANG AVE 3 TOWARDS EUNOS LINK BS DEFU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2867Y
Insured/Policyholder	
Name Of Registered Owner	MASLAN BIN MAT ALI
NRIC No	S6942648D
Email Address	SHAKILAMASLAN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96326671
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5052024697-06
Cover Note Number	

Driver

Name of Driver	MASLAN BIN MAT ALI
NRIC No	S6942648D
Date Of Birth	27/11/1969
Occupation	INDOOR
Date Of Driving Pass	18/09/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96326671
Fax Number	
Contact Number	OFFICE-88888888
E Mail Address	SHAKILAMASLAN@OUTLOOK.COM

Address	BLK 252 HOUGANG AVE 3 #05-344
Postcode	530252
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 29/12/2017 AT ABOUT 1950HRS AT ALONG HOUGANG AVE 3 TOWARDS EUNOS LINK BESIDE DEFU LANE 10. I WAS TRAVELLING ON THE EXTREME LEFT LANE AND WHEN COMING TOWARDS THE JUNCTION OF DEFU LANE 10, A VEHICLE (B) DASHED OUT WITHOUT STOPPING AND WITHOUT GIVING WAY TO MY ON COMING VEHICLE HENCE COLLIDED ONTO MY LEFT FRONT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 3 PASSENGERS INSIDE MY VEHICLE. (A) SJZ2867Y (B) SHA7847C

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7847C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

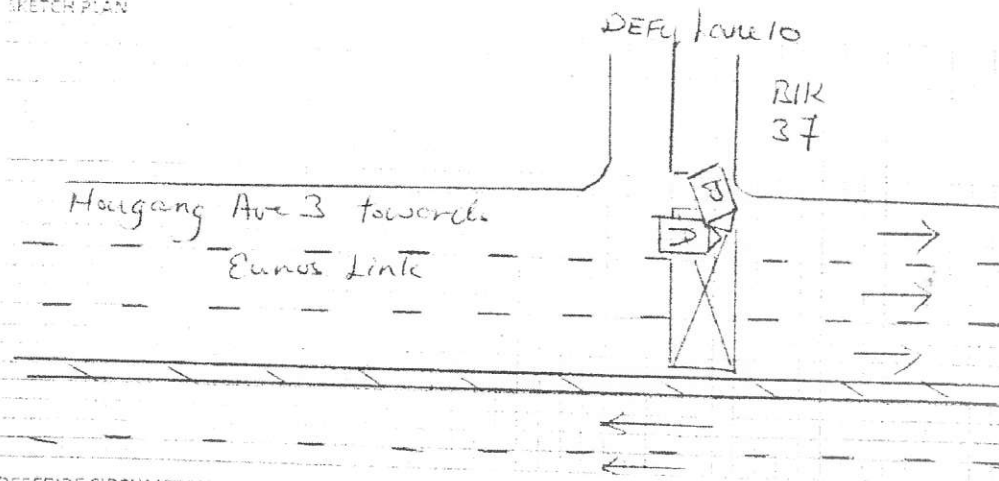
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claim including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim collectively the "Purposes".
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above purposes.
- (c) My Personal Information may/should be disclosed by any of the Insurers and/or GIA to the third parties who are legal or agents (including their lawyers/law firms), which may be located outside of Singapore, for one or more of the above purposes.
- (d) My Personal Information will/should be collected and used to compile claims history for the purpose of "underwriting" investigation and management in processing and settlement of claims.
- (e) The information on to "black list" may be shared with:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/12/2017 at about 1950 hrs at along Hougang Ave 3 towards Eunos Link beside Defu Lane 10. I was travelling on the extreme left lane and when coming towards the Junction of Defu Lane 10, a Vehicle (B) dashed out without stopping and without giving way to my on coming vehicle hence collided onto my Left Front Portion of my Vehicle (A) causing damages to my vehicle. I have 3 passengers inside my vehicle.

(A) SJZ 2867Y

(B) SHH 7847C

DECLARATION

(We declare the foregoing particulars are true in every respect.)

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC ID No.: